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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

ENDC19

First Named Inventor

BLASINGA

Original Patent Number

5,567,732

Original Patent Issue Date
(Month/Day/Year)

02/12/1999

Express Mail Label No.

ER26731255US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendment, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:
.....
.....

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label Correspondence address below
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Registration No (Attorney/Agent)

27130

Signature

Ingrid Mc Taggart

Date

10-25-01

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P SUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
END-019

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 43	Total Claims (37 CFR 1.16(j))	(B) 44	**** 1 =	x \$ ____ =		x \$ 18 =	18
(C) 6	Independent claims (37 CFR 1.16(j))	(D) 6	* C =	x \$ ____ =		x \$ ____ =	
				Basic Fee (37 CFR 1.16(h)) \$		\$ 710	
				Total Filing Fee \$		CR	\$ 728

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Previous Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =	x \$ ____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	***	=	x \$ ____ =	x \$ ____ =	
				Total Additional Fee \$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 2.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (C - 1). If "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status under 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 728.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

10-75-01

Date

Virginia M. Tager
Signature of Applicant, Attorney or Agent of Record

Virginia M. Tager
Typed or printed name